

#28
3/5/02

Express Mail Label No. VIA FACSIMILE 703-872-9307

CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL (Large Entity) Submit an original, and a duplicate for fee processing. <i>(Only for Continuation or Divisional Applications Under 37 CFR 1.53(d))</i>				Docket No. Beiersdorf 435.2-WCG <input type="checkbox"/> DUPLICATE <small>(Check box if applicable)</small>	
First Named Inventor		Examiner		Group/Art Unit	
Ghita Lanzendorfer		S. Shararch		1619	
Address to: Assistant Commissioner for Patents Box CPA Washington, D.C. 20231					
This is a request for filing a <input checked="" type="checkbox"/> continuation, or <input type="checkbox"/> divisional application under 37 CFR 1.53(d), (continued prosecution application (CPA)) of prior application number <u>08/849,525</u> filed on <u>August 29, 1997</u> and entitled: USE OF FLAVONOIDS AS IMMUNOMODULATING OR IMMUNO-PROTECTIVE AGENTS IN COSMETIC AND DERMATOLOGICAL PREPARATIONS					
1. <input type="checkbox"/> Enter the unentered amendment previously filed on _____ under 37 CFR 1.118 in the prior nonprovisional application. 2. <input checked="" type="checkbox"/> A preliminary amendment is enclosed. 3. <input type="checkbox"/> This application is being filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4). a. <input type="checkbox"/> DELETE the following inventor(s) named in the prior nonprovisional application: <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">BEST AVAILABLE COPY</div> b. <input type="checkbox"/> The inventor(s) to be deleted are set forth on a separate sheet attached hereto. 4. <input type="checkbox"/> A new power of attorney or authorization of agent is enclosed. 5. <input checked="" type="checkbox"/> An Information Disclosure Statement (IDS) is enclosed: a. <input checked="" type="checkbox"/> PTO-1449 b. <input checked="" type="checkbox"/> Copies of IDS Citations 6. <input checked="" type="checkbox"/> The fee for this application is calculated as follows:					
CLAIMS AS FILED					
For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	15	- 20 =	0	x \$18.00	\$0.00
Ind p. Claims	4	- 3 =	1	x \$84.00	\$84.00
Multiple Dependent Claims (check if applicable)				<input type="checkbox"/>	\$0.00
BASIC FEE					\$740.00
TOTAL FILING FEE					\$824.00

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(Only for Continuation or Divisional Applications Under 37 CFR 1.53(d))

7. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to
Deposit Account No. 14-1263

- ☒ fees required under 37 C.F.R. 1.16.
- ☒ fees required under 37 C.F.R. 1.17.
- ☐ fees required under 37 C.F.R. 1.18.

8. ☐ A check in the amount of _____ is enclosed.

9. ☒ Also enclosed:
Petition for One (1) Month Extension of Time

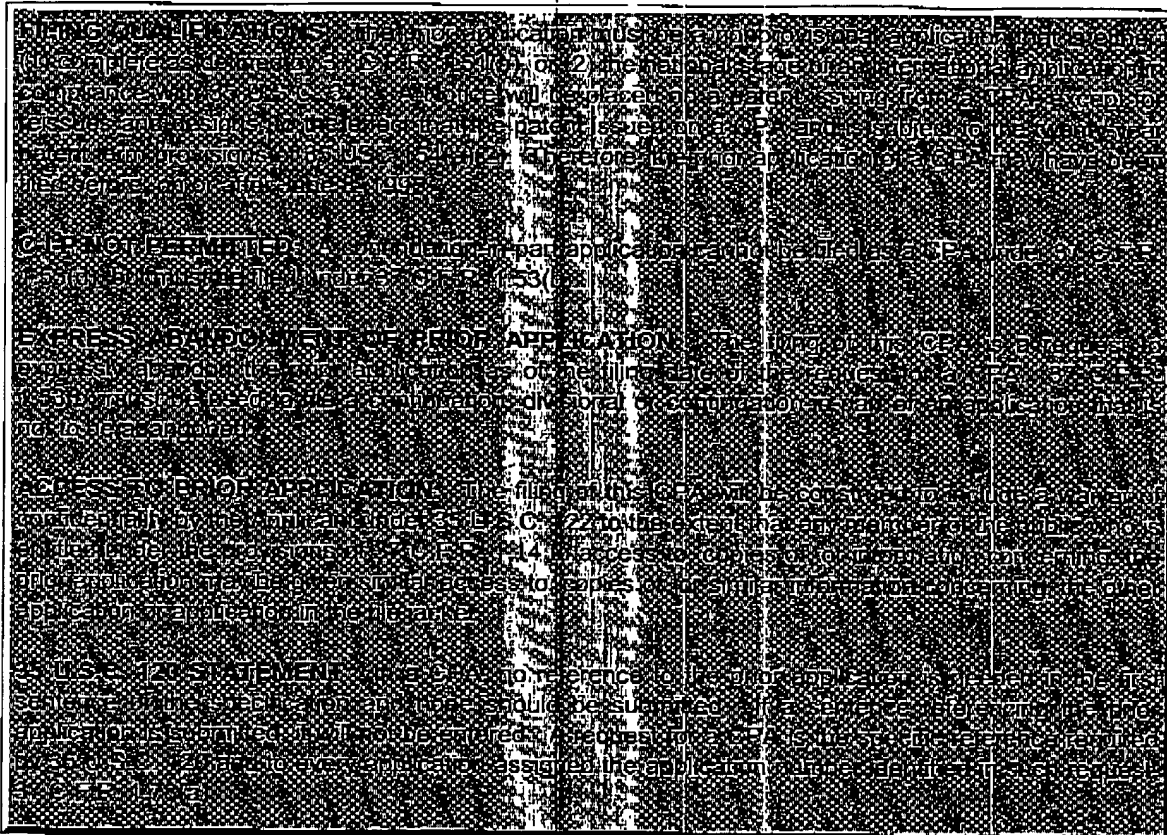
10. ☐ The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below:

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NOTES

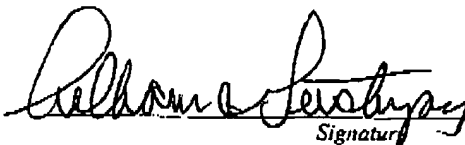
Submit an original, and a duplicate for fee processing.



Dated: January 31, 2002

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cc:


 Signature

William C. Gerstenzang

Typed or printed name

27,552

Registration Number (if applicable)

- ☐ Inventor(s)
☐ Assignee of complete interest
☒ Attorney or agent of record